



## Crucial Role and Significance of the Drug: Hydrochloroquine

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### INTRODUCTION

The coronavirus pandemic has resulted in a total of over 14 million cases as of and no drugs focused on this infection have ever been detected. On the other hand, hydroxychloroquine, a common antimalarial drug, has been used anonymously to treat coronavirus. In any event, given that previous studies have shown that hydroxychloroquine use increases the risk of unexpected cardiovascular death from QT prolongation, there are some concerns, particularly with respect to the cardio toxic symptoms of hydroxychloroquine. In addition, QT prolongation due to drug interactions may be more likely when hydroxychloroquine is controlled with other drugs. Some studies have found that hydroxychloroquine is more successful in treating coronavirus when it is co-regulated with azithromycin other studies have shown that a mixture of hydroxychloroquine and azithromycin has no clinical benefit.

### DESCRIPTION

The U.S. food and medication organization announced revoked crisis marketing approval for hydroxychloroquine. Despite this, some countries continue to use hydroxychloroquine to treat coronavirus. Patients with comorbidities are at the mercy of coronavirus transmission and death. Thus, many patients with coronavirus face a situation in which different drugs are regulated with hydroxychloroquine at the same time. The bet has not yet been fully evaluated. The lack of fair evidence on the risk of QT prolongation caused by DDI prompts two physicians and administrators to make appropriate coronavirus treatment decisions. From a factual information point of view, many Electrocardiogram (ECG) results and drug dissolution recordings are required to reflexively decompose the role of DDI-induced QT prolongation. Pharmaceutical information is typically dis-

closed in Electronic Medical Records (EMRs), but separating QTc stretch data from ECG results stored in a clinical medical data frame is critical when conducting large-scale studies using ECG information can be a barrier to recent years, real efforts have been made to collect real ECG results from hospitalized and short-term patients. In this dataset, the ECG boundaries such as the RR, PR, QRS, QT, and QTc segments have been removed from the raw ECG signal. ECG datasets allowed us to conduct a review to provide direct evidence of DDI-induced QT prolongation of hydroxychloroquine and other concomitant medications. This review expected to assess the DDI-induced QT prolongation game of hydroxychloroquine and other time-consuming real-world concomitant medications through a major large-scale review-case-control study.

### CONCLUSION

An ongoing review used EMR information to examine associations with hydroxychloroquine in drugs. Among them, DDI was found in drugs that could build a gamble of QT prolongation with drugs (trimebutine, tramadol, rosuvastatin, cyclosporine, sulfasalazine, rofecoxib, diltiazem, isoniazid). It was available to prolong the QT prolongation gamble, but the QT prolongation was not. The risk of each drug alone was not significant ( $p < 0.05$ ). Moreover, like coronavirus patients, quite a few different drugs are administered at the same time. Selective drug use should be considered entirely in the context of DDI.

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### CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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